

MULTIPLE DEPEN.  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM  
SERIAL NO.

10/562314  
APPLICANT(S)

FILING DATE

12-23-05

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT				AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.				IND.	DEP.	IND.	DEP.
	1		1					51			
2								52			
3								53			
4								54			
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47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			